

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	T.C.A	49	06/28/01
O.I.P.E. CLASSIFIER		1071	07/01
FORMALITY REVIEW	P.L	1030	07/16/01
RESPONSE FORMALITY REVIEW	gpl		10-13-01

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
1	✓
2	✓ ✓
3	✓
4	✓ ✓
5	✓
6	✓ ✓
7	✓ ✓
8	✓ ✓
9	✓ ✓
10	✓ ✓
11	
12	✓
13	✓
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15	✓ ✓
16	✓
17	✓
18	✓
19	✓
20	✓
21	✓
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25	✓
26	✓
27	✓
28	✓
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30	✓ ✓
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34	✓ ✓
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36	✓
37	✓
38	✓
39	✓
40	✓
41	✓
42	✓
43	✓
44	✓ ✓
45	✓ ✓
46	✓ ✓
47	✓ ✓
48	✓ ✓
49	✓ ✓
50	✓ ✓

Claim	Date
Final	
Original	
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Claim	Date
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If more than 150 claims or 10 actions  
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10/13/01  
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